

Budget Form

Statewide Strategic Use Fund (SSUF)

APPLICANT:

PROJECT:

GRANT FUNDS REQUESTED: #VALUE!

FOR THE PERIOD: July 1, 2010 - June 30, 2012

<u>Budget ~ Service Components</u>	Total Funds Required	Source of Funds	
		Applicant and Others	Grant Funds Requested
PERSONNEL EXPENSES:			
			0
			0
			0
			0
			0
			0
Sub-total Personnel Expenses	0	0	0
Fringe Benefit Rate: %	#VALUE!	#VALUE!	#VALUE!
Total Personnel Expenses	#VALUE!	#VALUE!	#VALUE!
CONTRACTUAL SERVICES:			
			0
			0
			0
			0
			0
Total Contractual Services	0	0	0
OPERATING EXPENSES:			
			0
			0
			0
			0
			0
			0
Total Operating Expenses	0	0	0
TRAVEL:			
			0
			0
			0
			0
			0
Total Travel Expenses	0	0	0
EQUIPMENT:			
			0
			0
			0
			0
Total Equipment Expenses	0	0	0
SUB TOTAL of all EXPENSES	#VALUE!	#VALUE!	#VALUE!
INDIRECT:			
Indirect rate: %			0
Total of Indirect Expenses	#VALUE!	#VALUE!	#VALUE!
TOTAL PROJECT COSTS	#VALUE!	#VALUE!	#VALUE!
Percent of in-kind match to total program cost	#VALUE!		
Please identify other sources of funds for this project, including in-kind funding sources:			
<p align="center">***TOTAL AGENCY BUDGET (excluding this project):</p>			